

Healthcare Reform in Erie County

March 2013

White Paper

Vision for the Erie County Adult System of Care: The changes in the environment related to the Affordable Care Act and New York State's Medicaid reform will result in the move to a managed care environment for behavioral health in 2014. The Erie County Department of Mental Health vision for the Erie County Adult System of Care (SOC) is that providers will be working together using person centered practices in support of recovery, where optimally effective services are available in a timely manner to the emerging populations and where Behavioral Health and Physical Health are integrated. In this system of care, providers are focused on working interdependently to reduce imminent risk for out of community placement or bend the trajectory of risk and to ease transitions by removing barriers to care.

Themes: Changes are occurring rapidly and there is an urgent need to manage healthcare reform at the local level. There is a short-term opportunity for Erie County, providers, consumers and stakeholders to take advantage of the reform opportunity offered by Health Homes and Medicaid Reform initiatives to demonstrate the value of locally driven systems of care and optimize the positive impact of changes on our local community. A primary goal is to bring together government entities and service organizations to quickly and proactively adapt to changing requirements.

To address this locally Erie County will focus local health reform efforts on:

- *Priority Populations:* Priority participant lists will be developed to reflect those people who are at greatest risk of needing non community-based services (hospital, jail, homelessness for example)
- *Efficacy of Practice:* The efficacy of clinical practice of the Erie County Behavioral Health system will be attained through practice to outcome models and fidelity to best practices.
- *Access to services:* The capacity of the system will be managed to improve access for the priority population to the right service at the right time for the right reason for the right length of stay.
- *Metrics that Matter:* Data informed practice and data informed structures will be the underpinning of this change initiative to identify high risk/high need populations, track clinical outcomes, and measure the overall performance of

the adult system of care with a focus on critical measures as defined by the emerging environment.

Philosophy of Care: Erie County is committed to a healthcare reform “risk reduction” approach that incorporates the provision of services and supports to the right person, right time, right service, for the right outcome, for the right length of time. Since needs related to behavioral health, physical health, arrests, homelessness, and substance abuse are the critical risk factors to be addressed in attaining overall wellness, the purpose of the adult system of care is reducing imminent risk or bending the trajectory of risk by removing barriers to care so that people can receive needed services and supports. Historically, rehabilitation & recovery have meant long-term support. In the emerging environment, services will assist consumers to receive ongoing treatment & support through rapid removal of barriers to community-based services both inside and outside of the healthcare system.

Critical Time Intervention (CTI) will be a key part of the Adult System Reform. Providers will use CTI to focus on imminent risk reduction and/ or bending the trajectory of risk through removal of barriers to wellness that are encountered during transition from any level of care, and fully utilize generic community services for support rather than the healthcare system. Additionally providers will be encouraged to use harm reduction models & provide early intervention and wellness approaches. To avoid the trajectory toward deep end services, *risk based service* management reflecting CTI will be used rather than goals that are unrelated to *current* symptoms & functioning. The risks associated with current symptoms and functioning that will guide access to services include a history of multiple arrests or multiple ER contacts (medical or psychiatric) or changes in risk that are predictive of deep end trajectory, OR the *imminent risk* of:

- Psychiatric or medical hospitalization
- Danger to self or others
- Arrest & Incarceration
- Homelessness

Approaches: Erie County will include the following approaches to healthcare reform:

- ***Populations:*** Erie County will define the populations likely to move into high risk/high need groups using claims, performance quality indicators & other data bases to identify them and track outcomes. While previous approaches have been helpful in identifying individuals who came in for some level of care, the target population is the group of people for whom the current system of care has provided only sporadic interventions or supports. This population is the highest priority group for the adult system of care.

- **SPOA (Single Point of Accountability):** Erie County is using an integrated housing and care management SPOA to prioritize access to services based on risk factors to best use available resources, and use a quality improvement process focused on SPOA activities.
- **EBPs & Training:** Diversion and engagement in alternative services is important to the Adult System of Care and will be supported through the use of EBPs (evidence based practices) and promising practices. The county will identify & promote EBPs for high risk/high need populations & offer training for providers and care managers re: focus on transition, Evidence Based Practices and Promising Practices that improve engagement, and behavioral/physical health integration.
- **Contracts:** The LGU contracts with providers can shape the service system and will include the following:
 - Requirements to continue improving access and prepare for the transition from Targeted Case Management to Care Management, initially in Health Homes
 - Movement to consistent performance measures that will be valued in a Managed Care environment
 - CTI standards that are built into the contract for those agencies receiving deficit financing; and
 - Use of deficit financing to reinforce practices or new ways of serving people

Throughout the reform initiative if there is an opportunity to do a short-term pilot that is data informed Erie County will employ this approach to further healthcare reform efforts e.g. enhanced psychiatric supports to facilitate stability in the community, back door for ACT, back door for housing, e.g. stipends.

- **Data Management & Analytics:** Use a combination of data bases to track and trend information and develop algorithms to identify high risk/high need populations who are likely to be on a trajectory for more intensive services in behavioral health, physical health, state psychiatric centers, and criminal justice. Building on the hierarchical models Erie County will:
 - Track and trend timeliness to engagement; and
 - Track and trend Length of Stay and related outcomes; and
 - Measure fidelity to practice; and
 - Use a quality improvement approach to demonstrate impact on valued outcomes

Cultural Changes: Under Healthcare Reform the expectation of the services available and provided to individuals will change for consumers, providers, and regulators. In Erie County changes needed for providers, consumers and county staff include the following:

- *Consumers* - What expectations do clients have of the service they receive? Under reform consumers will have the information needed to make informed choices to move toward greater self-management, and will be prepared for discharge and transition.
- *Providers* - What expectations do providers have of the services they will deliver?
 - Providers will need to be able to demonstrate the value of their services using utilization management, quality improvement and outcome data
 - Behavioral health services will need to be integrated with health services
 - Payment mechanisms will change with Medicaid Reform
- *County* - How will Erie County measure and plan for systems change?
 - Measures of engagement & timely access
 - Measures of fidelity to practice i.e. identify how the interventions are done and measure the interventions
 - Measures of community valued outcomes and unanticipated consequences
 - Determination of who should be served by the safety net and the role of behavioral health providers in meeting their needs.

Community Communication: Erie County recognizes that the scope of healthcare reform will have significant impact on consumers, providers, and county operations as the transformation occurs in the context of state managed care initiatives. The impact will prompt changes in clinical and business practices, the experience that consumers have with providers, and the shape of services delivered to consumers. To be most effective, all stakeholders should participate in focused, targeted collaborations and partnerships bridging levels of care and cross-system collaboration in order to facilitate effective consumer transitions and outcomes.

Erie County made significant strides in changing the Erie County Children's System of Care by employing training, communication, inclusive planning and culture change in service delivery that included consumers, families and providers. The transformation of the children's system has been significant, resulting in improved community service options, decreased use of residential treatment, measurable clinical outcomes and consumer satisfaction. These efforts and outcomes have been recognized by CMS and the New York State Office of Mental Health. Therefore Erie County is committed to using similar approaches in communication and culture change in service delivery in this Healthcare Reform initiative.